

ATTORNEY DOCKET NO. 01231.0023U2

Page 1 of 3

**DECLARATION AND POWER OF ATTORNEY  
FOR PATENT APPLICATION**☒ Original ☐ Supplemental ☐ Substitute ☐ PCT

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am an original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled "MUTANTS OF VACCINIA VIRUS AS ONCOLYTIC AGENTS", which is described and claimed in the specification

(Check one) ☐ which is attached hereto, or  
☐ which was filed on \_\_\_\_\_, as United States Application No. \_\_\_\_\_  
and with amendments through (if applicable); or  
☒ in International Application No. PCT/US2004/022165, filed July 8, 2004  
and as amended on (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose all information known by me to be material to the patentability of the claims of this application in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119 (a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) or §365(b) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN APPLICATIONS: (ENTER BELOW IF APPLICABLE)			PRIORITY CLAIMED (MARK APPROPRIATE BOX BELOW)	
APPLICATION NUMBER	COUNTRY	DAY/MONTH/YEAR FILED	YES	NO

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Page 2 of 3

I hereby appoint the attorneys and/or agent(s) associated with the following customer number to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Customer No. 23859

Address all telephone calls to Mitchell A. Katz at telephone no. (678) 420-9300.

Address all correspondence to the address associated with:

Customer No. 23859

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Inventor: Bertram Jacobs

Inventor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Residence: 1004 S. Wilson Street

Tempe, AZ 85281

Post Office Address: Same as above

Citizenship: US

Full Name of Inventor: Chandra Mitnik

Inventor's Signature: Chandra Mitnik Date: 6/21/06

Residence: 1056 E. Sandpiper Drive

Tempe, AZ 85283

Post Office Address: Same as above

Citizenship: US

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Full Name of Inventor: Jeffrey Langland

Inventor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Residence: 506 W. El Alba Way  
Chandler, AZ 85225

Post Office Address: Same as above

Citizenship: US

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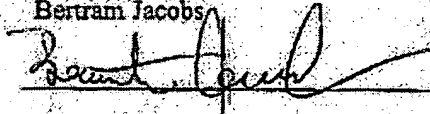
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Full Name of Inventor: Bertram Jacobs

Inventor's Signature:



Date:

7/3/06

Residence:

1004 S. Wilson Street  
Tempe, AZ 85281

Post Office Address:

Same as above

Citizenship:

US

Full Name of Inventor: Chandra Mitnik

Inventor's Signature:

Date:

Residence:

1056 E. Sandpiper Drive  
Tempe, AZ 85283

Post Office Address:

Same as above

Citizenship:

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Full Name of Inventor: Jeffrey Langland

Inventor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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